

---

# Medicare Skilled Nursing Facility Manual

---

Department of Health & Human  
Services (DHHS)  
The Centers for Medicare &  
Medicaid Services (CMS)

---

Transmittal 370

Date: SEPTEMBER 21, 2001

---

This transmittal is notification that the printed copy of Transmittal 368, Change Request 1323, dated May 24, 2001, is a final copy. The stamp "Advance Copy of Final Issuance" was inadvertently printed on the transmittal page. This was in error. The attachment to that transmittal is a final document, not an advanced copy. We apologize for any inconvenience this may have caused.

For your records, attached is the first page of the transmittal sheet for revision 368, as it should have been printed. There are no changes except the removal of the words "Advance Copy of Final Issuance".

Attachment

CMS-Pub. 12

# Medicare Skilled Nursing Facility Manual

Department of Health and  
Human Services (DHHS)  
HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)

Transmittal 368

Date: MAY 24, 2001

## REFER TO CHANGE REQUEST 1323

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
155.2 - 155.3	1-23 - 1-24 (2 pp.)	1-23 - 1-24 (2 pp.)
160.2 - 160.3	1-29 - 1-30 (2 pp.)	1-29 - 1-30 (2 pp.)
Table of Contents - Chapter II	2-3 - 2-4 (2 pp.)	2-3 - 2-4 (2 pp.)
220.4 - 220.5	2-25 - 2-26 (2 pp.)	2-25 - 2-26 (2 pp.)
271 - 271.1	2-75 - 2-76 (2 pp.)	2-75 - 2-76 (2 pp.)
Table of Contents - Chapter III	3-1 - 3-4.2 (6 pp.)	3-1 - 3-4.2 (6 pp.)
302.5 - 317 (Cont.)	3-7 - 3-14 (7 pp.)	3-7 - 3-16.1 (11 pp.)
415 (Cont.) - 415 (Cont.)	4-15 - 4-15 (1 p.)	4-15 - 4-15 (1 p.)
Table of Contents - Chapter V	5-1 - 5-4 (4 pp.)	5-1 - 5-4 (4 pp.)
501 (Cont.) - 503 (Cont.)	5-6.1 - 5-6.4 (4 pp.)	5-6.1 - 5-6.4 (4 pp.)
512 - 516.6	5-9 - 5-10.22 (24 pp.)	5-9 - 5-10 (2 pp.)
<b>529 - 541.2</b>	<b>5-22.1 - 5-25.18 (46 pp.)</b>	<b>5-22.1 - 5-28.3 (43 pp.)</b>
<b>542 - 542 (Cont.)</b>	<b>5-25.22 - 5-25.23 (2 pp.)</b>	-----
<b>543 - 556.3</b>	<b>5-27 - 5-27.3 (4 pp.)</b>	-----
560 - 560 (Cont.)	5-67 - 5-68 (2 pp.)	5-67 - 5-68 (2 pp.)
560 (Cont.) - 560 (Cont.)	5-87.4 - 5-87.5 (2 pp.)	5-87.4 - 5-87.5 (2 pp.)
560 (Cont.) - 560 (Cont.)	5-87.32 - 5-87.33 (2 pp.)	5-87.32 - 5-87.33 (2 pp.)
561 - 562 (Cont.)	5-87.42 - 5-87.44 (3 pp.)	5-87.42 - 5-87.43 (2 pp.)
595 - 595	5-93 (1 p.)	-----

This transmittal contains instructions for implementation of provisions in the Balanced Budget Act of 1997 that require payment to SNFs for Part B services under a fee schedule. It also contains instructions about CWF edits being planned for implementation to identify duplicate billings by SNFs and suppliers for Part A and Part B. Consolidated billing for SNF Part B residents and/or outpatients who are not receiving Part A benefits remains in effect only for therapy services.

Currently applicable Part A PPS billing and coverage instructions that have been issued by Program Memoranda to date are also incorporated.

HCPCS codes described in this transmittal are based on codes in effect for 2001. Codes newly effective in 2001 are identified by **bold print**.

**NEW/REVISED MATERIAL--EFFECTIVE DATE: April 1, 2001**

**IMPLEMENTATION DATE: April 1, 2001**

Beginning with services provided on and after April 1, 2001, the intermediary will make payment for SNF Part B services under a fee schedule if there is a Medicare fee schedule established. This applies to 22x and 23x bill types. Related requirements are included in this transmittal. Services that are not paid under a fee schedule will be paid on a reasonable cost basis. The services listed below will not be paid under a fee schedule. Where covered, they continue to be paid on a cost basis. Fee schedules will be established for these services in the future.